

FILED FEB 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1012  
382

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 25 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 2621 E 10th	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2621 E 10th				3/80			
3. NAME OF DECEASED (Type or Print) ELZA MALCOM BELL		a. (First) b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 1-26-1951			
5. SEX m	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) mar	8. DATE OF BIRTH 10-26-1889	9. AGE (In years last birthday) 61	10. UNDER 1 YEAR Months	11. UNDER 1 Wks. Days	12. UNDER 1 Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Fireman		10b. KIND OF BUSINESS OR INDUSTRY Goetz Brewery		11. BIRTHPLACE (State or foreign country) Honey Grove Texas		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Bell		13b. MOTHER'S MAIDEN NAME Holly Adkins		14. NAME OF HUSBAND OR WIFE Emily Bell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 496-01-7610		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emily Bell 2621 E 10th			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic disease of lungs</i> <i>C. Metastasis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Generalized Arteriosclerosis</i>				INTERVAL BETWEEN ONSET AND DEATH 3 1/2 yrs 1628	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10-27-1947, to 1-26-1951, that I last saw the deceased alive on 1-25-1951, and that death occurred at 8 A.M., from the causes and on the date stated above.							
23a. SIGNATURE J. M. Haight		(Degree or title) M.D.		23b. ADDRESS 3401 E 12th K.C. Mo		23c. DATE SIGNED 1-26-51	
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE 1-27-1951		24c. NAME OF CEMETERY OR CREMATORY Honey Grove Cemetery		24d. LOCATION (City, town, or county) (State) Honey Grove Texas	
DATE REC'D BY LOCAL REG. 1-27-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.H. Blackman & Son, Inc Kansas City Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

*W. C. Rinne*

working under my personal supervision.

Student Embalmer No. *409*

Signed *W. C. Rinne*  
Student Embalmer

Signed *Bert B. Bennett*

Licensed Embalmer No. *4656*

P. O. Address *Kansas City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.